

September 17, 2004

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SEP 22 2004

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ThomasCommunications
& Technologies LLC

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FCC

Office of the Secretary
445 12th Street SW
Washington, DC 20554

DOCKET FILE COPY ORIGINAL

Re: Appeal Letter
CC Docket No. 02-6
Franklin Lakes Public Schools Billed Entity #122815 Application #Unknown All FRNs
SLD Appeal Date March 4, 2003

Dear Sir or Madam:

During the application process for E-rate Funding Year 2003, Thomas Communications & Technologies, LLC (TC&T) submitted application Identifier #PY6FranklinLks on behalf of Franklin Lakes Public Schools. In a Fund Year 2003 Form 471 Rejection Letter dated February 13, 2003 the SLD rejected the entire application stating, "The FCC Form 471 submitted does not include at least one complete Block 4 Worksheet." Subsequently a letter of appeal was filed with the SLD on March 4, 2003, however the appeal was denied on August 18, 2004.

TC&T would like to reassert that a complete Block 4 was submitted with the FCC Form 471. The school district consists of three schools. One of the schools, High Mountain Road Elementary, does not have any students eligible for free or reduced lunch. As a result there are no figures for columns 5 (# of students eligible for NSLP) and 6 (% of students eligible for NSLP) of the Block 4 for this school. The minimum discount percentage from the Discount Matrix was filled in for Column 7 (Discount % from Discount Matrix), and both Column 8 (Weighted Product for Calculating Shared Discount) and Item 10c (Weighted Average Discount % for Shared Services) were calculated.

TC&T would also like to reference a decision adopted by the FCC on February 22, 2001 for Naperville Community Unit School District 203 Naperville, Illinois. Regardless of whether or not the Block 4 was considered complete, it "easily could have discerned" that the discount for High Mountain Road Elementary was correct based on "other information in the application" (Paragraph 13). By filling in the Block 4 figures listed above, TC&T "provided the necessary information for the SLD to conclude with reasonable certainty" (Paragraph 13) that there are no students eligible for free or reduced lunch and that the High Mountain Road Elementary should receive the minimum 20% discount automatically given to all schools participating in the E-rate program.

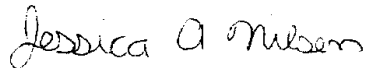
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FCC
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Page 2

Thomas**Communications**
& Technologies LLC

reviewed and approved even though Block 4, column 5 cells for many newly eligible administrative buildings, who had "0" students eligible for NSLP, were blank. While the specifics of these decisions are not available for quotation here, we have been instructed by SLD staff members to reference these similar FY 2004 applications in this appeal letter as precedent for reversing the Franklin Lakes funding denial.

Given the fact that the proper District discount percentage was calculated and displayed, that this information could have been discerned from the application, and that similar applications have been approved, TC&T requests reconsideration of this application.

Sincerely,
THOMAS COMMUNICATIONS & TECHNOLOGIES, LLC



Jessica A. Nilsen
E-rate Production Manager

SEP 22 2004

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Approval by OMB
3060-0806

Schools and Libraries Universal Service Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)

Applicants Form Identifier: **PY6FranklinLks**Form 471 Application
(To be inserted)

(Create your own code to identify THIS form 471)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.)	Franklin Lakes School District		
2	Funding Year: July 1, 2003 through June 30, 2004	3	Entity Number (up to 10 digits)	122815
4a	Street Address, P.O. Box, or Route Number	490 Pulis Avenue		
	City	State	Zip Code	
	Franklin Lakes	NJ	07417	
b	Telephone Number (10 digits + ext.)	201-891-1856		
c	856-784-2917	201-891-9333		
d	E-mail Address (50 characters max.)			
5	Type of Applicant			
	<input type="checkbox"/> Individual School (public or non-public school)			
	<input checked="" type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)			
	<input type="checkbox"/> Library (library (i.e. outlet/branch, system))			
	<input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.			
6a	Contact Person's Name	Michelle L. Chemotti		
	<i>First, fill in every item of the Contact Person's information below that is different from Item 4, above.</i>			
	<i>Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)</i>			
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number	217 Montgomery Street, 6th Floor		
	City	State	Zip Code	
	Syracuse	NY	13202	
c	<input type="checkbox"/> Telephone Number (10 digits + ext.)	315-426-8445		
d	<input checked="" type="checkbox"/> Fax Number (10 digits)	315-426-8348		
e	<input type="checkbox"/> E-mail Address (50 characters max.)			
f	Holiday/vacation contact information (optional):			

Block 2: Minor Modification to Existing Contract?

- 7** ☐ Check ONLY if this Form 471 represents a minor modification, such as a modification of services, to a contract included in a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #:

Funding Request Number:

Minor modification requests can be filed **MANUALLY** only. Please see www.sl.universalservice.org for filing instructions.

Entity Number: 122815

Contact Person: Michelle L. Chemotti

Applicant's Form Identifier: PY6FranklinLks

Phone Number: 315-426-8445

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served

#REF!

b Number of library patrons to be served

N/A

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?		
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	4	4
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	T1	T1
d	Dial-up Internet connections: How many before and after your order?	3	3
e	Dial-up Internet connections: Highest speed before and after your order?	56K	56K
f	Direct connections to the Internet: How many before and after your order?	1	1
g	Direct connections to the Internet: Highest speed before and after your order?	T1	T1
h	Internet access (for schools): How many rooms have Internet access before and after your order?	all	all
i	Internet access (for libraries): How many buildings have Internet access before and after your order?	N/A	N/A
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	all	all
k	Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of applicant you are, the number of sites you represent, and how services will be provided to those sites. Each worksheet has instructions.

- ☒ If you are an individual school or a school district, use Worksheet A (page 3a)
- ☐ If you are a library (system and/or outlet), use Worksheet B (page 3b)
- ☐ If you are a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number: 122815

Applicant's Form Identifier: PY6FranklinLks

Contact Person: Michelle L. Chemotti

Phone Number: 315-426-8445

Block 4: Discount Calculation Worksheet A for Individual Schools/School Districts

Worksheet # A-0124

Page 1 of 1

Instructions: Individual Schools/School Districts use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a Check only one:

- **Applying ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- ☒ **Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well):**
Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):**
Please complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: Franklin Lakes School District

School District Entity Number: 122815

1 Name of School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Franklin Ave Middle School	7434	U	472	6	1%	40%	188.8
High Mountain Road Elementary	7437	U	478	0	0%	20%	95.6
Woodside Ave Elementary	7435	U	472	1	0%	20%	94.4
District Totals for calculating Weighted Average Discount			1422				378.8
10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)							27%

Entity Number: 122815

Applicant's Form Identifier: PY6FranklinLks

Contact Person: Michelle L. Chemotti

Phone Number: 315-426-8445

Block 5: Discount Funding Request(s)

Block 5, page 1 of 7

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FFN # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 201-R25-4948 858					
12 Form 470 Application Number (15 digits) 807740000430941					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2002					
13 SPIN - Service Provider Identification Number (9 digits) 143001362					18 Contract Award Date (mm/dd/yyyy) N/A					
					19a Service Start Date (mm/dd/yyyy) 07/01/2003					
					19b Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) 06/30/2004					
14 Service Provider Name Verizon- New Jersey					20 Contract Expiration Date (mm/dd/yyyy) N/A					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # VER 1A-2A										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-0124										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 311.56	\$0.00	\$ 311.56	12	\$ 3,738.72	\$0.00	\$0.00	\$0.00	\$ 3,738.72	27%	\$ 1,009.45

Entity Number: 122815

Applicant's Form Identifier: PY6FranklinLks

Contact Person: Michelle L. Chemotti

Phone Number: 315-426-8445

Block 5: Discount Funding Request(s)

Block 5, page 2 of 7

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)										
11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 1086357					
12 Form 470 Application Number (15 digits) 807740000430941					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2002					
13 SPIN - Service Provider Identification Number (9 digits) 143004191					18 Contract Award Date (mm/dd/yyyy) N/A					
					19a Service Start Date (mm/dd/yyyy) 07/01/2003					
					19b Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) 06/30/2004					
14 Service Provider Name CTC Communications Corp.					20 Contract Expiration Date (mm/dd/yyyy) N/A					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # CTC 1B-1B										
22 Entity/Entities Receiving This Service:					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-0124					
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 3,470.71	\$0.00	\$ 3,470.71	12	\$ 41,648.52	\$0.00	\$0.00	\$0.00	\$ 41,648.52	27%	\$ 11,245.10

Entity Number: 122815


Applicant's Form Identifier: PY6FranklinLks

Contact Person: Michelle L. Chemotti

Phone Number: 315-426-8445

Block 5: Discount Funding Request(s)

Block 5, page 3 of 7

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. 

FRN #					(To be supplied by applicant)					
11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 061434950					
12 Form 470 Application Number (15 digits) 807740000430941					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2002					
13 SPIN - Service Provider Identification Number (9 digits) 143000677					18 Contract Award Date (mm/dd/yyyy) N/A					
					19a Service Start Date (mm/dd/yyyy) 07/01/2003					
					19b Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) 06/30/2004					
14 Service Provider Name Verizon Wireless fka Cellco Partnership					20 Contract Expiration Date (mm/dd/yyyy) N/A					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # VW 1C-1C										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-0124										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 57.03	\$0.00	\$ 57.03	12	\$ 684.36	\$0.00	\$0.00	\$0.00	\$ 684.36	27%	\$ 184.78

Entity Number: 122815

Applicant's Form Identifier: PY6FranklinLks

Contact Person: Michelle L. Chemotti

Phone Number: 315-426-8445

Block 5: Discount Funding Request(s)

Block 5, page 4 of 7

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 56357742					
12 Form 470 Application Number (15 digits) 807740000430941					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2002					
13 SPIN - Service Provider Identification Number (9 digits) 143024165					18 Contract Award Date (mm/dd/yyyy) N/A					
					19a Service Start Date (mm/dd/yyyy) 07/01/2003					
					19b Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) 06/30/2004					
14 Service Provider Name AT&T Wireless					20 Contract Expiration Date (mm/dd/yyyy) N/A					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # ATT W 1D-1D										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-0124										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 166.45	\$0.00	\$ 166.45	12	\$ 1,997.40	\$0.00	\$0.00	\$0.00	\$ 1,997.40	27%	\$ 539.30

Entity Number: 122815

Applicant's Form Identifier: PY6FranklinLks

Contact Person: Michelle L. Chemotti

Phone Number: 315-426-8445

Block 5: Discount Funding Request(s)

Block 5, page 5 of 7

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections				15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM						
12 Form 470 Application Number (15 digits) 807740000430941				16 Billing Account Number (e.g., billed telephone number) 7532343-7						
13 SPIN - Service Provider Identification Number (9 digits) 143008443				17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2002						
14 Service Provider Name Earthlink Network Inc.				18 Contract Award Date (mm/dd/yyyy) N/A						
				19a Service Start Date (mm/dd/yyyy) 07/01/2003						
				19b Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) 06/30/2004						
20 Contract Expiration Date (mm/dd/yyyy) N/A										
21 Description of This Service:		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # Earth 1E-1E								
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-0124								
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 67.85	\$0.00	\$ 67.85	12	\$ 814.20	\$0.00	\$0.00	\$0.00	\$ 814.20	27%	\$ 219.83

Entity Number: 122815

Applicant's Form Identifier: PY6FranklinLks

Contact Person: Michelle L. Chemotti

Phone Number: 315-426-8445

Block 5: Discount Funding Request(s)

Block 5, page 6 of 7

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections				15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM						
				16 Billing Account Number (e.g., billed telephone number) 7246						
12 Form 470 Application Number (15 digits) 807740000430941				17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2002						
13 SPIN - Service Provider Identification Number (9 digits) 143007014				18 Contract Award Date (mm/dd/yyyy) N/A						
				19a Service Start Date (mm/dd/yyyy) 07/01/2003						
				19b Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) 06/30/2004						
14 Service Provider Name Intacn Internet Access				20 Contract Expiration Date (mm/dd/yyyy) N/A						
21 Description of This Service:		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # INT 1F-1F								
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-0124								
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 585.00	\$0.00	\$ 585.00	12	\$ 7,020.00	\$0.00	\$0.00	\$0.00	\$ 7,020.00	27%	\$ 1,895.40

Entity Number: 122815

Applicant's Form Identifier: PY6FranklinLks

Contact Person: Michelle L. Chemotti

Phone Number: 315-426-8445

Block 5: Discount Funding Request(s)

Block 5, page 7 of 7

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #

11 Category of Service (only ONE category should be checked)☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

MTM

16 Billing Account Number (e.g., billed telephone number)

quote

12 Form 470 Application Number (15 digits)

807740000430941

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/13/2002

13 SPIN - Service Provider**18 Contract Award Date** (mm/dd/yyyy)

N/A

Identification Number (9 digits)

143001362

19a Service Start Date (mm/dd/yyyy)

07/01/2003

19b Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services)

06/30/2004

14 Service Provider Name Verizon New Jersey**20 Contract Expiration Date** (mm/dd/yyyy)

N/A

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # Ver 1G-1G

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-0124

23 Calculations

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 1,632.00	\$0.00	\$ 1,632.00	12	\$ 19,584.00	\$0.00	\$0.00	\$0.00	\$ 19,584.00	27%	\$ 5,287.68

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are:: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the individual schools, libraries, and library consortia listed in Block 4 are covered by:
- a ☒ an individual technology plan for using the services requested in this application; and/or
 - b ☐ higher-level technology plan(s) for using the services requested in this application; or
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☐ technology plan(s) has/have been approved.
 - b ☒ technology plan(s) will be approved by a state or other authorized body.
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature <i>Michelle L. Chemotti</i>	35 Date <i>2/11/03</i>
36 Printed name of authorized person	Michelle L. Chemotti
37 Title or position of authorized person	Manager of E-rate Services
38 Telephone number of authorized person:	315-426-8445
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act,	
47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.	
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.	

Entity Number: **122815**

Applicant's Form Identifier: **PY6FranklinLks**

Contact Person: **Michelle L. Chemotti**

Phone Number: **315-426-8445**

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence Kansas 66046
(888) 203-8100**